

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		
O.I.P.E. CLASSIFIER		40	
FORMALITY REVIEW	R	710490	2/24

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... 1-17 ..... Rejected ..... N ..... Non-elected  
 = ..... Allowed ..... I ..... Interference  
 - (Through numeral)... Canceled ..... A ..... Appeal  
 + ..... Restricted ..... O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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